

## PART B - FEE(S) TRANSMITTAL

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25231 7590 09/25/2006  
**MARSH, FISCHMANN & BREYFOGLE LLP**  
 3151 SOUTH VAUGHN WAY  
 SUITE 411  
 AURORA, CO 80014

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<i>KIMBERLY OTTEN</i>	(Depositor's name)
<i>Kimberly Ottan</i>	(Signature)
<i>12-26-06</i>	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/626,481	07/24/2003	Massey B. Shnizel	50028-00005	1308

TITLE OF INVENTION: SEARCHLIGHT WITH IMPROVED OPTICAL DENSITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/26/2006
EXAMINER	ART UNIT		CLASS-SUBCL ASS			
LEE, GUIYOUNG	2875		362-328004			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternately,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. **Marsh Fischmann & Breyfogle LLP**  
 2. **Marsh Fischmann & Breyfogle LLP**  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*HYPEROLOID CORPORATION*

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

*WURTSBORO, NEW YORK*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *50-1419* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Russell T. Manning/

Date 12-26-2006

Typed or printed name Russell T. Manning

Registration No. 51,260

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